

application.

## Form 6A: Current Board Member Characteristics

OMB No.: 0915-0285. Expiration Date: 3/31/2023 **DEPARTMENT OF HEALTH AND HUMAN** FOR HRSA USE ONLY **SERVICES Application LAL Number Health Resources and Services Administration Tracking Number FORM 6A: CURRENT BOARD MEMBER CHARACTERISTICS** Special >10% of **Population** Current Live or Health **Board Office** Area of Income from Work in Representative Name Center **Position Expertise** Health Service (If yes, specify **Patient** Held Industry Area Special Population) PATIENT BOARD MEMBER CHARACTERISTICS **Number of Patient Board Members** Gender Male Female Unreported/Declined to Report **Ethnicity Number of Patient Board Members** Hispanic or Latino Non-Hispanic or Latino Unreported/Declined to Report Race **Number of Patient Board Members** Native Hawaiian Other Pacific Islanders Asian Black/African American American Indian/Alaska Native White More Than One Race Unreported/Declined to Report Note: This section is ONLY required if you selected Public (non-Tribal or Urban Indian) as the Business Entity on Form 1A of this application. In all other cases, select N/A. If the applicant is a public organization/center, do the board members listed above represent a coapplicant board? 0  $\bigcirc$ 0 No N/A If yes, ensure that the co-applicant agreement is included as Attachment 6 in the Appendices form of this

Public Burden Statement: Health centers (section 330 grant funded and Federally Qualified Health Center look-alikes) deliver comprehensive, high quality, cost-effective primary health care to patients regardless of their ability to pay. The Health Center Program application forms provide essential information to HRSA staff and objective review committee panels for application evaluation; funding recommendation and approval; designation; and monitoring. The OMB control number for this information collection is 0915-0285 and it is valid until 3/31/2023. This information collection is mandatory under the Health Center Program authorized by section 330 of the Public

Health Service (PHS) Act (<u>42 U.S.C. 254b</u>). Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

## Instructions

The list of board members will pre-populate from your last LAL submission. **Update pre-populated information as appropriate.** Public centers with co-applicant health center governing boards must list the co-applicant board members.

Complete or update the following information:

- List all current board members (minimum of 9 and maximum of 25). Do not list non-voting board members (e.g., Project Director (PD), advisory board members).
- List each board member's office held, if applicable (e.g., Chair, Treasurer) and area of expertise (e.g., finance, education, nursing).
- For non-patient board members, indicate if more than 10 percent of their annual income is from the health care industry.
- Indicate if each board member is a health center patient. For the purposes of board composition, a patient is an individual who received at least one service in the past 24 months that generated a health center visit, where both the service and the site where the service was received are within the HRSA-approved (or proposed in this application) scope of project.
- Indicate if each board member lives and/or works in the service area.
- Indicate if each board member is a representative from/for a special population (i.e., people
  experiencing homelessness, migratory and seasonal agricultural workers and their families,
  residents of public housing).

Patient Board Member Characteristics section: Indicate the total gender, ethnicity, and race of board members who are patients of the health center. Do **not** include board members that are not patients of the health center in this section.

## Note:

• Indian tribes or tribal, Indian, or urban Indian organizations are not required to complete this form, but may do so if desired.

• If you are requesting a waiver of the 51 percent patient majority board composition requirement, you must list your board members, NOT the members of any advisory council.

<sup>&</sup>lt;sup>1</sup> Refer to Chapter 20: Board Composition of the Compliance Manual.